

# **EXHIBIT 10**

• 14 • 中国科学院植物研究所植物学报 2010 年第 1 期

**Filing Status**  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

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第16章



1	Wages, salaries, tips, and other compensation			1	
2a	Taxes except interest	2a		2b	3,303.
3a	Qualifying dividends	3a		3b	
4a	IRA distributions	4a		4d	
c	Pensions and annuities	4c		5b	
5a	Social Security benefits	5a		6	
e	Capital gains or losses (Schedule D, line 1, minus Schedule D, line 2)			7a	
7a	Other income from Schedule D, line 9			7b	3,303.
b	Add lines 1, 2a, 3a, 4a, 5a, 6, and 7a. This is your total income			8a	
8a	Adjustments to income from Schedule D, line 22			8b	3,303.
b	Subtract line 23 from line 21. This is your adjusted gross income				
9	Standard deduction or itemized deductions (line 24, column A)	9		10	
10	Qualifying business expenses (Schedule C, line 10, less line 10b) and losses			11a	
11a	Child taxes (line 11)			11b	
b	Taxable income. Subtract line 9 from line 8, less amounts on lines 10 and 11a				

**For Protection from Discrimination Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 1040 (2019)

12a Tax amount due by filer name + <input type="checkbox"/> 681-2 <input type="checkbox"/> 482-3 <input type="checkbox"/>	12a ►	12b
b And <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>		
13a Credit available for other refundable b <input type="checkbox"/> Schedule C line 7 and line 14a or line 14b c <input type="checkbox"/> Schedule D line 22 and line 23a or line 23b d <input type="checkbox"/> Other taxes of the current year paid to another tax authority e <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	13a ►	13b
14 Total tax due by filer name <input type="checkbox"/> <i>Total tax due by filer name</i>		14
15 Other taxes of the current year paid to another tax authority <input type="checkbox"/> <i>Other taxes of the current year paid to another tax authority</i>		15
16 <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>		16
17 Federal income tax withheld from Form W-4 and Form W-4C		17
18 Other taxes to be remitted <input type="checkbox"/> a <input type="checkbox"/> Estimated tax <input type="checkbox"/> <i>Estimated tax</i> b <input type="checkbox"/> Additional tax withheld <input type="checkbox"/> <i>Additional tax withheld</i> c <input type="checkbox"/> <i>Amount Due by filer name</i> filed Form 1040 <input type="checkbox"/> <i>Amount Due by filer name</i> d <input type="checkbox"/> School meal tax <input type="checkbox"/> <i>School meal tax</i> e <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	18a 18b 18c 18d	18e
19 <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>		19
Refund <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	20 <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i> overpaid	20
21a <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i> refunded to you if <input type="checkbox"/> <i>Amount Due by filer name</i> is allocated to you	21a ►	
► b <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	c <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	
► d <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>		
22 <input type="checkbox"/> <i>Amount Due by filer name</i> applied to your 2020 estimated tax	22	23
Amount You Owe <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	23	
24 <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	24	
Third Party Designee <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>		<input type="checkbox"/> Yes, complete below <input checked="" type="checkbox"/> No
Spouse's signature if joint return <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	Date <input type="checkbox"/> <i>Amount Due by filer name</i>	Spouse's identification number <input type="checkbox"/> <i>Amount Due by filer name</i>
Yours <input type="checkbox"/> <i>Amount Due by filer name</i>	Date <input type="checkbox"/> <i>Amount Due by filer name</i>	If the IRS sent your spouse an Identity Protection PIN enter it here <input type="checkbox"/> <i>Amount Due by filer name</i>
Spouse's signature if joint return <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	Date <input type="checkbox"/> <i>Amount Due by filer name</i>	If the IRS sent your spouse an Identity Protection PIN enter it here <input type="checkbox"/> <i>Amount Due by filer name</i>
Paid Preparer Use Only <input type="checkbox"/> <i>Amount Due by filer name</i> <input type="checkbox"/> <i>Amount Due by filer name</i>	Date <input type="checkbox"/> <i>Amount Due by filer name</i>	Check 1 <input type="checkbox"/> All Party Designee <input type="checkbox"/> Self-employed
Preparer's signature <input type="checkbox"/> <i>Amount Due by filer name</i>	Preparer's signature <input type="checkbox"/> <i>Amount Due by filer name</i>	Preparer's identification number <input type="checkbox"/> <i>Amount Due by filer name</i>
► <input type="checkbox"/> <i>Amount Due by filer name</i>	► <input type="checkbox"/> <i>Amount Due by filer name</i>	► <input type="checkbox"/> <i>Amount Due by filer name</i>

Form 1040 (2019) - Schedule 1 (Form 1040) - Line 10

BAA

FEB 2019

Form 1040

**SCHEDULE B**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

DMA 10-1545-0074

**19**

Attachment Sequence No. 08

Your social security number

Name of payer (see Part I)

**Part I**

**Interest**

(See instructions  
and the  
instructions in  
Forms 1040 and  
1040-SR, line 2b.)

**Note:** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statements from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

- 2 Add the amounts on line 1.  
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.  
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR line 2b. ►

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**

**Ordinary  
Dividends**

(See instructions  
and the  
instructions in  
Forms 1040 and  
1040-SR, line 2b.)

**Note:** If you  
received a Form  
1099-DIV or  
substitute  
statements from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5 List name of payer ►

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR line 3b. ►

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign  
Accounts  
and Trusts**

**Caution:** If  
required, failure  
to file FinCEN  
Form 114 may  
result in  
substantial  
penalties. See  
instructions.

- 7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.  
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►  
8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions. ►

**Yes** **No**

**X**

**X**

# **EXHIBIT 11**

# 1040 U.S. Individual Income Tax Return

18

Married filing jointly	<input checked="" type="checkbox"/>	Married filing separately	<input type="checkbox"/>	Filing as head of household	<input type="checkbox"/>	Qualifying widow(er)	<input type="checkbox"/>
Your name and social security number	John Doe 123-45-6789						
Spouse's name and social security number							
Child's name and social security number							
Spouse's dependents	<input type="checkbox"/>	Spouse's children you claimed as dependents	<input type="checkbox"/>	Spouse's parents	<input type="checkbox"/>	Childless widow(er)	<input type="checkbox"/>
Spouse's dependents	<input type="checkbox"/>	Spouse's dependents if all dependents are under age 19 or disabled	<input type="checkbox"/>	Childless widow(er)	<input type="checkbox"/>	Childless widow(er) if all dependents are under age 19 or disabled	<input type="checkbox"/>
Home address (number and street), city, state, zip code				Address			
City, state, zip code				Address			
If more than two dependents, see line 2 and <b>here</b> ► <input type="checkbox"/>							
Dependents (see instructions)	(1) Name	(2) Relationship	(3) Age or disability	(4) If cash value known	Presidential Election Campaign		
				<input type="checkbox"/>	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

**Sign Here**

Under penalties of perjury, I declare that I have read the above information, that it is true, correct, and complete to the best of my knowledge, except that if I am a joint filer, my spouse and I have both read, understood, and consented to this return.

Spouse's signature	Date	Signature	Spouse's signature	Spouse's signature
Spouse's signature		Spouse's signature		
Spouse's signature		Spouse's signature		
Spouse's signature		Spouse's signature		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Preparer's EIN	Check <input type="checkbox"/>
Preparer's name	Preparer's signature	PTIN	Preparer's EIN	<input type="checkbox"/> I'm Paid Preparer
Preparer's name	Preparer's signature	PTIN	Preparer's EIN	<input type="checkbox"/> I'm Not Paid Preparer

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018) Page 2

1. Wages, salaries, tips, etc. Attach Form W-2. <input type="checkbox"/>	1
2a. Tax-exempt interest <input type="checkbox"/>	2a
3a. Qualified dividends <input type="checkbox"/>	3a
4a. Capital gains and losses <input type="checkbox"/>	4a
5a. Charitable contributions <input type="checkbox"/>	5a
6. Total home had lines 1 through 5. Add any amount from line 6 to line 7. <input type="checkbox"/>	6
7. Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule C (line 36) from line 6. <input type="checkbox"/>	7
<b>Standard Deduction Box</b>	
8. Standard deduction or itemized deductions (whichever is larger) <input type="checkbox"/>	8
9. Qualified business income deduction (instructions) <input type="checkbox"/>	9
10. Taxable income. Subtract lines 6 and 8 from line 7. <input type="checkbox"/>	10
11. a. Tax rate <input type="checkbox"/> b. Taxable income <input type="checkbox"/> c. Tax <input type="checkbox"/>	11
b. Add an amount from Schedule C (line 20) <input type="checkbox"/>	12
a. Deduct amount from line 10 <input type="checkbox"/> b. Add amount from line 12 to line 11 <input type="checkbox"/>	13
14. Other taxes. Attach Schedule A. <input type="checkbox"/>	14
15. Total tax. Add lines 13 and 14. <input type="checkbox"/>	15
16. Federal income tax withheld from Form W-2 and 1099. <input type="checkbox"/>	16
17. Refundable credits. a. FICA credit <input type="checkbox"/> b. Child tax credit <input type="checkbox"/> c. Credit for child care expenses <input type="checkbox"/>	17
Add an amount from Schedule C <input type="checkbox"/>	18
18. Adding lines 16 and 17. These are your total payments <input type="checkbox"/>	18
19. If line 15 is more than line 18, subtract line 18 from line 15. If line 15 is more than line 18, you overpaid <input type="checkbox"/>	19
20a. Amount of refund you want refunded to you. <input type="checkbox"/>	20a
► b. Refund number <input type="checkbox"/> c. Account number <input type="checkbox"/>	► b. Tax ID <input checked="" type="checkbox"/> Driver's license <input type="checkbox"/>
21. Amount line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>	21
Amount You Owe: 22. Amount you owe. Subtract line 19 from line 15. For details, see instructions in Part II. <input type="checkbox"/>	22
23. Estimated tax penalty (see instructions) <input type="checkbox"/>	23

Go to [www.irs.gov/Form1040.html#Instructions](#) for instructions and related information.

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Form 1040 (2018)

**SCHEDULE 1**  
(Form 1040)(Rev. January 2010)  
Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**► Attach to Form 1040.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1145-0072

**18**Attachment  
Sequence No. 01

Your social security number

Name as shown on Form 1040

<b>Additional Income</b>	1-9b	Reserved	1-9b
	10	Taxable refunds, credits, or offsets of state and local income taxes	10
	11	Alimony received	11
	12	Business income or (loss). Attach Schedule C or C-EZ	12
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
	14	Other gains or (losses). Attach Form 4797	14
	15a	Reserved	15b
	16a	Reserved	16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18	Farm income or (loss). Attach Schedule F	18
	19	Unemployment compensation	19
	20a	Reserved	20b
	21	Other income. List type and amount ►	21
	22	Combine the amounts in the far-right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22
<b>Adjustments to Income</b>	23	Educator expenses	23
	24	Certain business expenses of reservists, performing artists and fee-basis government officials. Attach Form 2106	24
	25	Health savings account deduction. Attach Form 8889	25
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26
	27	Deductible part of self-employment tax. Attach Schedule SE	27
	28	Self-employed SEP, SIMPLE, and qualified plans	28
	29	Self-employed health insurance deduction	29
	30	Penalty on early withdrawal of savings	30
	31a	Alimony paid b Recipient's SSN ►	31a
	32	IRA deduction	32
	33	Student loan interest deduction	33
	34	Tuition and fees. Attach Form 8917	34
	35	Reserved	35
	36	Add lines 23 through 35	36

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

**SCHEDULE EIC**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Statement of Taxpayer Privacy

For Paperwork Reduction Act Notice, see your tax return instructions.

**Earned Income Credit**  
Qualifying Child Information

- Complete and attach to Form 1040 only if you have a qualifying child.
- Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.

Case No. 123-0000

**18**

Statement  
Sequence No. **43**

Your social security number  
**123-45-6789**

**Before you begin:**

- See the instructions for Form 1040, line 7, for more information about who can give the EIC and do you have a qualifying child?
- Be sure the child's name, birth date, and Social Security number (SSN) on the EIC differ from all other children's names and SSNs.
- Otherwise, if the income presented is larger than the amount of credit, file Form SS-5, Application for a New Social Security Card, or contact the Social Security Administration at 1-800-772-1213.

- For each claiming EIC for a child take either a photo or your birth certificate.
- If you don't have EIC credit rights for the child, you may still be able to claim the child as a dependent. See the instructions for details.
- If a child no longer resides with you, and since you cannot claim him or her as a dependent, you may still be eligible for a credit for a qualifying child.

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>1 Child's name</b> <small>If you have more than three qualifying children, you have to list only three. Use maximum of 30 characters per line.</small>	First name Last name Middle name Name suffix	First name Last name Middle name Name suffix	First name Last name Middle name Name suffix
<b>2 Child's SSN</b> <small>The child must have an SSN as defined in the instructions for Form 1040, line 7, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enclose "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.</small>			
<b>3 Child's year of birth</b>	Year _____	Year _____	Year _____
<b>4 a</b> Was the child under age 24 at the end of 2018? A student and younger than you or your spouse, if filing jointly? <small>For example, son, daughter, grandchild, niece, nephew, stepchild, foster child, etc.</small>	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
<b>b</b> Was the child permanently and totally disabled during any part of 2018? <small>For example, son, daughter, grandchild, niece, nephew, stepchild, foster child, etc.</small>	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
<small>The child is not a qualifying child. <input type="checkbox"/> The child is a qualifying child.</small>			
<b>5 Child's relationship to you</b> <small>For example, son, daughter, grandchild, niece, nephew, stepchild, foster child, etc.</small>			
<b>6 Number of months child lived with you in the United States during 2018</b>	From January through December months	From January through December months	From January through December months
	To January through December months	To January through December months	To January through December months
	Total months lived with you in 2018	Total months lived with you in 2018	Total months lived with you in 2018

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

Schedule EIC (Form 1040) 2018

**Tax History Report**

2018

• Keep for your records

Name(s) Shown on Return:

Filing Status: Single

	Five Year Tax History				
	2014	2015	2016	2017	2018
Filing status					
Total income					
Adjustments to income					
Adjusted gross income					
Tax expense					
Interest expense					
Contributions					
Misc. deductions					
Other itemized ded ns					
Total itemized/ standard deduction					
Exemption amount					
QBI deduction					
Taxable income					
Tax					
Alternative min tax					
Total credits					
Other taxes					
Payments					
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					
Effective tax rate %					
**Tax bracket %					

\*\*Tax bracket % is based on Taxable income.

# **EXHIBIT 12**

**1040 U.S. Individual Income Tax Return**

**2017**

Form No. 1040 (2017) | Filing Year Ending 2017 | Page 1 of 1 | Do not write or staple in this space.

For the year Jan. 1-Dec. 31 2017, or other tax year beginning

2017 ending

12

See separate instructions.

Your first name and initial

**ROBERT A.**

Last name

**HADDEN**

If a joint return, spouse's first name and initial

**CAROL L.**

Last name

**HADDEN**

Home address (number and street), if you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

Your social security number

Day, town or city, state, and zip code, if you have a foreign address; also complete spaces below.

**ENGLEWOOD, NJ 07631**

Make sure the SSNs above and on line 1c are correct.

Presidential Election Campaign

Check here if you or your spouse of filing jointly want \$1 to go to this fund. Checking a box below will not change your tax or refund.

You  Spouse

Foreign country name

Foreign province/state/country

Foreign postal code

**Filing Status**  Single

Head of household (with qualifying person). If the qualifying

Married filing jointly (even if only one had income)

person is a child but not your dependent, enter this child's

Check only  
one box.  
 Married filing separately. Enter spouse's SSN above  
and full name here. ►

name here. ►

Qualifying widow(er) (see instructions)

**Exemptions**  Yourself. If someone can claim you as a dependent, do not check box 6a

Boxed checked  
on line 1a and 1c

Spouse

2

Dependents:

No. of children  
(in line 1c)

1. First name      Last name

1

**ALEXANDER HADDEN** [REDACTED] **SON**

lived with you  
or not live with  
you due to divorce  
or separation  
use instructions

2. First name      Last name

Dependents in line 1c  
not entered above

3. First name      Last name

Add numbers  
on lines  
above ►

Total number of exemptions claimed

3

If more than four  
dependents, see  
instructions and  
check here ►

Income

7. Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 2

7 33,515.

8a. Taxable interest. Attach Schedule B if required

8a 53.

b. Tax-exempt interest. Do not include on line 8a

9a

9a. Ordinary dividends. Attach Schedule B if required

9b

b. Qualified dividends

10 0.

10. Taxable refunds, credits, or offsets of state and local income taxes

11

11. Alimony received

12

12. Business income or (loss). Attach Schedule C or C-EZ

13 -3,000.

13. Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

14

14. Other gains or (losses). Attach Form 4797

15b

15a. IRA distributions

16b

15a. Pensions and annuities

17 10,000.

17. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18

18. Farm income or (loss). Attach Schedule F

19

19. Unemployment compensation

20b

20a. Social security benefits

21 8,169.

21. Other income. List type and amount SEE STATEMENT 1

22 48,737.

22. Combine the amounts in the far right column for lines 7 through 21. This is your total income. ►

Adjusted  
Gross  
Income

23. Educator expenses

23

Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ

24

25. Health savings account deduction. Attach Form 8889

25

26. Moving expenses. Attach Form 3903

26

27. Deductible part of self-employment tax. Attach Schedule SE

27

28. Self-employed SEP, SIMPLE, and qualified plans

28

29. Self-employed health insurance deduction

29

30. Penalty on early withdrawal of savings

30

31a. Alimony paid b. Recipient's SSN ►

31a

32. IRA deduction

32

33. Student loan interest deduction

33

34. Tuition and fees. Attach Form 8917

34

35. Domestic production activities deduction. Attach Form 8903

35

36. Add lines 23 through 35

36

37. Subtract line 36 from line 22. This is your adjusted gross income ►

37

48,737.

<b>Tax and Credits</b>	38 Amount from line 27 (adjusted gross income)	38	48,737.
Standard Deduction tax • People who check any box on line 38a or 38b, OR who can be claimed as a dependent, see instructions.	39a Check { <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind } Total boxes checked ► 39a	39a	
• All others Single or Married filing separately \$16,250	if <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind ► 39b	39b	
Married filing jointly or Qualifying widow/widower \$17,700 Head of household \$19,250	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	40,153.
	41 Subtract line 40 from line 38	41	8,584.
	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 5d. Otherwise, see instructions.	42	12,150.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c _____	44	0.
	45 Alternative minimum tax. Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	0.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c _____	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.
<b>Other Taxes</b>	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care individual responsibility (see instructions) Full-year coverage X	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> (last, enter code(s))	62	
	63 Add lines 56 through 62. This is your total tax	63	0.
<b>Payments</b>	64 Federal income tax withheld from Forms W-2 and 1099	64	359.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
If you have a qualifying child, attach Schedule EIC	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8862	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8885 c <input type="checkbox"/> 5885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	359.
<b>Refund</b>	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	359.
Direct deposit? See instructions	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, or b Number 021200339 ► c Tax X Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	76a	359.
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
<b>Amount You Owe</b>	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see INSTRUCTIONS	78	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. Name ► KEVIN J. COLLINS, CPA\PFS, MST ► (201) 487-7744 Personal identification number (PIN) ► 45810		
<b>Sign Here</b>	Date Your relationship Your signature RETIRED		
Joint return? See instructions Keep a copy for your records.	Spouse's signature if a joint return both must sign Date Spouse's occupation HOMEMAKER If the IRS sent you an Identity Protection PIN enter it here		
Paid Preparer Use Only	Preparer's complete name KEVIN J. COLLINS, CPA\PFS, MST Firm's name ► TOBIN & COLLINS, CPA, PA Firm's address 75 ESSEX STREET, SUITE 200	Date 04/16/18	Check <input type="checkbox"/> self-employed PIN P01257500 Phone no. ► 22 2315422 (201) 487-7744
730002 02.02.18 Firm's address ► HACKENSACK, NJ 07601			

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service  
Name shown on Form 1040

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
► Attach to Form 1040.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 26.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **07**

Your social security number

**ROBERT A. & CAROL L. HADDEN**

<b>Medical and Dental Expenses</b>	Caution: Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions) SEE STATEMENT 5	1 31,960.
2	Enter amount from Form 1040, line 38	2 48,737.
3	Multiply line 2 by 7.5% (0.075)	3 3,655.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	4 28,305.
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5 681.
6	Real estate taxes (see instructions)	6 10,836.
7	Personal property taxes	7
8	Other taxes. List type and amount ►	8
9	Add lines 5 through 8	9 11,517.
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12
13	Mortgage insurance premiums (see instructions)	13
14	Investment interest. Attach Form 4952 if required. See instructions	14
15	Add lines 10 through 14	15
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 100.
17	Other than by cash or check. If any gift of \$250 or more, see instructions	17 231.
If you made a gift and got a benefit for it, see instructions.	You must attach Form 8283 if over \$500 SEE STATEMENT 4	18
18	Carryover from prior year	19 331.
19	Add lines 16 through 18	19 331.
<b>Casualty and Theft Losses</b>	20 Casualty or theft losses (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ►	21
22	Tax preparation fees	22
23	Other expenses - investment, safe deposit box, etc. List type and amount ►	23
24	Add lines 21 through 23	24
25	Enter amount from Form 1040, line 38	25
26	Multiply line 25 by 2% (0.02)	26
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0	27
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ►	28
29	Is Form 1040, line 38, over \$166,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29 40,153.
<b>Total Itemized Deductions</b>	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	

LHA 719501 02-22-18 For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017



Interest and Dividend Summary

**SCHEDULE D  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (98)**Capital Gains and Losses**

- Attach to Form 1040 or Form 1040NR.  
 ► Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0374

**2017**  
Attachment  
Sequence No. 12

Name(s) shown on return:

Your social security number:

ROBERT A. &amp; CAROL L. HADDEN

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form(s) 8949, for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B, for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 <3,631.>
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 <3,631.>

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2017

729511-11402-17

17220416 310901 7HM057

2017.03030 HADDEN, ROBERT

7HM057\_1

**Part III Summary**

16. Combine lines 7 and 15 and enter the result.	16	<b>&lt;3,631.&gt;</b>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter 0 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17. Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18. If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet.	▶ 18	
19. If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet.	▶ 19	
20. Are lines 18 and 19 both zero or blank?		
<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.  <input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. Don't complete lines 21 and 22 below.		
21. If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000) or if married filing separately, (\$1,500)</li> </ul>	} SEE STATEMENT 8	21 <b>3,000.</b>
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
22. Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Names shown on return do not enter name and social security number if shown on page 1.

Your social security number

ROBERT A. &amp; CAROL L. HADDEN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?  Yes  No  
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Line P, Partnership S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
		(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			
b	Totals			
30	Add columns (g) and (j) of line 29a			30
31	Add columns (h), (i), and (j) of line 29b			31
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
* A	MARGARET M. BULTMAN ESTATE	81-6790717
B		

Passive Income and Loss		Nonpassive Income and Loss	
		(e) Reduction of loss from Schedule K-1	(f) Other income from Schedule K-1
A			10,000.
B			10,000.
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a	35	10,000.
36	Add columns (c) and (e) of line 34b	36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	10,000.

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY			
40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 39, 32, 37, 38, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	10,000.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1045), box 14, code R; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions) enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

**SCHEDULE E**Name CAROL L. HADDEYPassthrough MARGARET K. BULTHAAN ESTATE

ESTATE OR TRUST

ID

[REDACTED]

SSN/EIN

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>						
Ordinary business income (loss)						
Rental real estate income (loss)						
Other net rental income (loss)						
Intangible drilling costs/dry hole costs						
Self-charged passive interest expense						
Guaranteed payments						
Section 179 and carryover						
Disallowed section 179 expense						
Excess farm loss						
Net income (loss)						
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
<b>FORM 4797</b>						
Section 1231 gain (loss)						
Section 179 recapture on disposition						
<b>SCHEDULE D</b>						
Net short term cap gain (loss)						
Net long-term cap. gain (loss)						
Section 1256 contracts & straddles						
<b>FORM 4952</b>						
Investment interest expense Sch. A						
Other net investment income						
<b>ITEMIZED DEDUCTIONS</b>						
Charitable contributions						
Deductions related to portfolio income						
Other						

**SCHEDULE E**Name CAROL L. HADDENPassthrough MARGARET M. BULTMAN ESTATEESTATE OR TRUST LINDA L. BULTMAN, EXECUTORID [REDACTED]SSN/TIN [REDACTED]SPouse [REDACTED]

OTHER PASSIVE	K-1 Input	Prior Year Unallowable Basis Loss	Disallowable Due to Basis Limitation	Prior Year Unallowable At-Risk Loss	Disallowable Due to At-Risk Loss	Prior Year Passive Loss	Disallowable Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc.								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

**Schedule E**

**Schedule E**

PASS THROUGH RECAP - BASIC INFORMATION

A. M. HOMESTEAD: SCHOLARSHIP IN THE 19TH CENTURY

## Direct Deposit/Debit Report

Name: ROBERT A. &amp; CAROL L. HADDEN

Unit	Farm	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	ID Number
FED 1040		BANK OF AMERICA	CHECKING			DEPOSIT	359.
NJ 1040		BANK OF AMERICA	CHECKING			DEPOSIT	147.

## Two-Year Comparison Worksheet

**2017**

Name(s) as shown on return

ROBERT A. & CAROL L. HADDEN

2016 Filing Status **MARRIED FILING JOINT**

2016 Tax Bracket **0.0%**

2017 Filing Status **MARRIED FILING JOINT**

2017 Tax Bracket **0.0%**

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
WAGES, SALARIES, AND TIPS	50,025.	33,515.	-16,510.
SCHEDULE B - TAXABLE INTEREST	0.	53.	53.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	-3,000.	-3,000.
SCHEDULE E (RENTAL AND PASSTHROUGH)	0.	10,000.	10,000.
OTHER INCOME	0.	8,169.	8,169.
TOTAL INCOME	50,025.	48,737.	-1,288.
ADJUSTED GROSS INCOME	50,025.	48,737.	1,288.
MEDICAL AND DENTAL EXPENSES	27,709.	28,305.	596.
TAXES	11,254.	11,517.	263.
CONTRIBUTIONS	4,475.	331.	-4,144.
TOTAL ITEMIZED DEDUCTIONS	43,438.	40,153.	-3,285.
INCOME BEFORE EXEMPTIONS	6,587.	8,584.	1,997.
PERSONAL EXEMPTIONS	12,150.	12,150.	
TAXABLE INCOME	0.	0.	
FEDERAL INCOME TAX WITHHELD	1,195.	359.	-836.
TOTAL PAYMENTS	1,195.	359.	-836.
TAX OVERPAID	1,195.	359.	-836.
AMOUNT REFUNDED	1,195.	359.	-836.
NEW JERSEY STATE RETURN PAYMENTS	323.	97.	226.
REFUNDABLE CREDITS	50.	50.	
AMOUNT REFUNDED	373.	147.	-226.

**8879**

Form

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

**2017**

- Return completed Form 8879 to your ERO. (Do not send to IRS.)  
 ► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

**ROBERT A. HADDEN**

Spouse's name

**CAROL L. HADDEN****Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	<b>1</b>	<b>48,737.</b>
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	<b>2</b>	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	<b>3</b>	<b>359.</b>
4 Refund (Form 1040, line 78a; Form 1040A, line 46a; Form 1040EZ, line 13a; Form 1040SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	<b>359.</b>
5 Amount you owe (Form 1040, line 78; Form 1040A, line 60; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurate; it sets all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4527. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

 I authorize **TOBIN & COLLINS, CPA, PA**

to enter or generate my PIN

**51047**Enter five digits, but  
don't enter all zeros

ERO firm name

as my signature on my tax year 2017 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

 I authorize **TOBIN & COLLINS, CPA, PA**

to enter or generate my PIN

**75762**Enter five digits, but  
don't enter all zeros

ERO firm name

as my signature on my tax year 2017 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN **22733445810**  
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-File Providers of Individual Income Tax Returns.

ERO's signature ► **KEVIN J. COLLINS, CPA/PFS, MST**Date ► **04/16/2018**

71995 11-19-17

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2017)

17220416 310901 7HM057

2017.03030 HADDEN, ROBERT

7HM057\_1

## PASS THROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS

COMMENT A L'ÉCOLE L. HACHETTE

2396017-04-05-17 \* - No specific Schedule K-1 line reference for these amounts.

## Shared Responsibility Payment

721636 12-26-17

### To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

#### Step 1 All Filers

1. Can someone claim you as a dependent?

Yes. Skip Step 1 and take a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A if you file Form 1040EZ. Check the box on line 6.

X No. Continue to line 2

2. Did you, and everyone else in your tax household (see Tax household under Definitions earlier) have qualifying health coverage for every month of 2017?

X Yes. Skip Step 1 and take a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 21; Form 1040A, line 38; or Form 1040EZ, line 1.

No. Continue to line 3

You can check the full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that member had qualifying health care coverage for every month he or she was a member of your tax household.

3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?

Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.

No. Continue to line 4.

4. Did you, or anyone else in your tax household turn 18 during 2017?

Yes. Go to Worksheet A.

No. Go to Step 2.

#### Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old.\*

\*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$347.50 by the number of people in your tax household who were under age 18.

3. Add lines 1 and 2.

4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3.

#### Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4.

2. Did you receive any tax-exempt interest?

Yes. Enter the amount from Form 1040, line 6a; Form 1040A, line 46; or the amount entered in the space to the left of Form 1040EZ, line 2.

No. Continue to line 3.

3. Did you attach Form 2555 or Form 2555-EZ?

Yes. Enter the amount from Form 2555, lines 46 and 50; or Form 2555-EZ, line 18.

No. Continue to line 4.

4. Did you claim any dependents?

Yes. Continue to line 5.

No. Stop. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1.

5. Were any of the dependents you claimed required to file a return?

Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you don't attach Form 8814. Enter the total here.

No. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1.

6. Did you attach Form 8814?

Yes. Continue to line 7.

No. Stop. Add lines 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1.

7. Is Form 8814, line 4, more than \$1,050?

Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5.

No. Enter 0. Continue to line 8.

8. Add lines 1, 2, 3, 5, and 7. This is your household income. Enter the result on Step 4, line 1.

## Shared Responsibility Payment continued

### Step 4 Percentage Income Amount

1. Enter your household income from Step 3

2. Were you or your spouse (if filing jointly) born before January 2, 1963?

- Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here and on line 4.  
 No. Go to question 3.

3. Enter the amount listed below for your filing status

- Single - \$10,400
- Head of household - \$13,400
- Married filing jointly - \$20,800
- Married filing separately - \$4,050
- Qualifying widow(er) - \$15,750

4. Enter the amount from line 2 or 3.

5. Subtract line 4 from line 1

6. Is the amount on line 5 zero or less?

- Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 1.  
 No. Continue to line 7.

7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount.

8. Were you required to complete Worksheet A?

- Yes. Go to Worksheet B. Then continue to Step 5.  
 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

### Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?

- Yes. Continue to line 2.  
 No. Skip question 2. Go to question 3.

2. Multiply \$272\* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet.

\*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.

3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.

- 1 person - \$3,264
- 2 people - \$6,528
- 3 people - \$9,792
- 4 people - \$13,056
- 5 or more people - \$16,320

### Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

#### Complete Step 1

1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)

1 \_\_\_\_\_

#### Complete Step 3

2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)

2 \_\_\_\_\_

3. Enter the larger of line 1 or line 2

3 \_\_\_\_\_

#### Complete Step 5

4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)

4 \_\_\_\_\_

5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11

5 \_\_\_\_\_

This is your shared responsibility payment

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2017.03030 HADDEN, ROBERT

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FORM 1040	MISCELLANEOUS INCOME	STATEMENT 1
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DESCRIPTION	AMOUNT
DEPARTMENT STORES NATIONAL BANK-COD	8,169.
TOTAL TO FORM 1040, LINE 21	8,169.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT 2
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T METLIFE AGENT / COLUMBIA UNIVESITYYY	27,500.					
S PATRICIA BURKE MD	6,015.	359.	97.		373.	87.
TOTALS	33,515.	359.	97.		373.	87.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 3
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
BERGEM VOLUNTEER CENTER		100.	
SUBTOTALS		100.	
TOTAL TO SCHEDULE A, LINE 16			100.

ROBERT A. & CAROL L. HADDEN

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 4

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		231.		
SUBTOTALS		231.		
TOTAL TO SCHEDULE A, LINE 17				231.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	25,464.
DOCTORS, DENTISTS, ETC.	2,571.
HOSPITALS	3,925.
TOTAL TO SCHEDULE A, LINE 1	31,960.

- 1 ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. 681.  
 NEW JERSEY  
 IF, FOR ALL OF 2017, YOU LIVED ONLY IN CONNECTICUT,  
 THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE,  
 MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY,  
 OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER  
 -0- ON LINE 6, AND GO TO LINE 7.  
 OTHERWISE, GO TO LINE 2.
- 2 DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS,  
 COLORADO, GEORGIA, ILLINOIS, LOUISIANA,  
 MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA,  
 SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA  
 IN 2017?  
 IF NO, ENTER 0.  
 IF YES, ENTER YOUR LOCAL GENERAL SALES  
 TAXES FROM THE APPLICABLE TABLE.
- 3 DID YOUR LOCALITY IMPOSE A LOCAL GENERAL  
 SALES TAX IN 2017? RESIDENTS OF  
 CALIFORNIA AND NEVADA SEE INSTRUCTIONS.  
 IF NO, SKIP LINES 3 THROUGH 5, ENTER  
 -0- ON LINE 6 AND GO TO LINE 7.  
 IF YES, ENTER YOUR LOCAL GENERAL SALES  
 TAX RATE, BUT OMIT THE PERCENTAGE SIGN.  
 ENGLEWOOD
- 4 DID YOU ENTER 0 ON LINE 2 ABOVE?  
 IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6.  
 IF YES, ENTER YOUR STATE GENERAL SALES  
 TAX RATE, BUT OMIT THE PERCENTAGE SIGN.
- 5 DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS  
 A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).
- 6 DID YOU ENTER -0- ON LINE 2 ABOVE?  
 IF NO, MULTIPLY LINE 2 BY LINE 3.  
 IF YES, MULTIPLY LINE 1 BY LINE 5. 0.
- 
- 6A ADD LINE 1 AND LINE 6. 681.
- 
- 6B PART YEAR DAYS RATE. 1.000000  
 6C MULTIPLY LINE 6A BY LINE 6B. 681.
- 
- 7 ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS,  
 IF ANY.
- 
- 8 DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7.  
 ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK  
 BOX "B" ON THAT LINE. 681.
-

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[REDACTED] STATEMENT 7

SCHEDULE D NET LONG TERM GAIN OR LOSS FROM  
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
MARGARET M. BULTMAN ESTATE	3,631.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-3,631.	

17220416 310901 7HM057

14  
2017.03030 HADDEN, ROBERT

STATEMENT(S) 7  
7HM057\_1

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SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 8
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		8,584.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER 0		11,584.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT		
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
7. ADD LINES 4 AND 6		
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		3,631.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.	
12. ADD LINES 10 AND 11		3,000.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		631.